

Complete One Form for  
Each System Service Event

The information you provide may be used  
for secondary purposes  
[Privacy Law, s.15.04 (1) (m), Wis. Stats.]

TANK SYSTEM SERVICE AND CLOSURE  
ASSESSMENT REPORT

CHECK ONE:

☐

UNDERGROUND

☐

ABOVEGROUND

FOR PORTIONS OF THE FORM THAT  
DO NOT APPLY, CHECK THE 'N/A' BOX

RETURN COMPLETED CHECKLIST TO:

Bureau of Weights & Measures  
Permit & Licensing Section  
P.O. Box 7837  
Madison, WI 53707-7837  
(608) 224-5155

Part A – To be completed by contractor performing repair or closure

A. TYPE OF SERVICE ☐ CLOSURE ☐ REPAIR/UPGRADE ☐ CHANGE-IN-SERVICE

Indicate portion of system being serviced if a repair, upgrade or change-in-service is being performed

☐ Remote fill ☐ Tank ☐ Piping ☐ Transition/containment sump ☐ Spill bucket ☐ Dispenser

B. IDENTIFICATION (Please Print)

1. Facility Name		2. Owner Name	
Facility Street Address (not P.O. Box)		3. Contact Name Job Title	
Municipality		Mailing Address	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:		Post Office State Zip Code	
Zip Code	County	County	Telephone No. (include area code) ( )
4. Primary Service Contractor Section A above		Service Contractor Street Address	
Service Contractor Telephone No. (include area code) ( )		Service Contractor City, State, Zip Code	

C. TANK SYSTEM DETAIL (Complete for all service activities)

a	b	c	d	e	f	g		h	
Tank ID #	Type of Closure <sup>1</sup>	Tank Material of Construction	Piping Material of Construction	Tank Capacity (gallons)	Contents <sup>2</sup>	Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?		If "Yes" to "g", Then Specify Source & Cause of Release <sup>5</sup>	
								Source of Release <sup>3</sup>	Cause of Release <sup>4</sup>
						<input type="checkbox"/> Y	<input type="checkbox"/> N		
						<input type="checkbox"/> Y	<input type="checkbox"/> N		
						<input type="checkbox"/> Y	<input type="checkbox"/> N		
						<input type="checkbox"/> Y	<input type="checkbox"/> N		
						<input type="checkbox"/> Y	<input type="checkbox"/> N		
						<input type="checkbox"/> Y	<input type="checkbox"/> N		

1. Indicate type of closure: P = Permanent, TOS = Temporarily Out-of-Service, CIP = Closure In-Place

2. Indicate type of product: DL = Diesel, LG = Leaded Gasoline, UG = Unleaded Gasoline, FO = Fuel Oil, GH = Gasohol, AF = Aviation Fuel, K = Kerosene, PX = Premix, WO = Waste/Used Motor Oil, FCHZW = Flammable/Combustible Hazardous Waste, OC = Other Chemical (indicate the chemical name(s):

CAS number(s):

3. Source of release: T = tank, P = piping, D = dispenser, STP = submersible turbine pump, DP = delivery problem, O = other, UNK = Unknown

4. Cause of release: S = spill, O = overfill, POMD = physical or mechanical damage, C = corrosion, IP = installation problem, O = other, UNK = Unknown

5. Has release been reported to the Department of Natural Resources? ☐ Yes ☐ No ☐ Release not evident at this time

D. CLOSURES (Check applicable box at right in response to all statements in section D)

Written notification was provided to the local agent 5 days in advance of closure date. ☐ Y ☐ N

All local permits were obtained before beginning closure. ☐ Y ☐ N ☐ NA

☐ UST Form ERS-7437 or ☐ AST Form ERS-8731 filed by owner with DSPS indicating closure. ☐ Y ☐ N ☐ NA

**NOTE:** TANK INVENTORY FORM ERS-7437 or ERS-8731 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH CLOSURE or CHANGE-IN-SERVICE CHECKLIST

D.1 ☐ TEMPORARILY OUT-OF-SERVICE

1. Product removed.

	Remover Verified	Inspector Verified	NA
a. Product lines drained into tank (or other container) and liquid removed, and	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
3. All product lines at the islands or pumps located elsewhere are removed and capped, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
6. Inventory form filed indicating temporarily out-of-service (TOS) closure.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

**D.2. ☐ CLOSURE BY REMOVAL OR IN-PLACE**

**1. General Requirements**

a. Product from piping drained into tank (or other container).	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. Piping disconnected from tank and removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. All liquid and residue removed from tank using explosion-proof pumps or hand pumps.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
d. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
f. Vent lines left connected until tanks purged.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
g. Tank openings temporarily plugged so vapors exit through vent.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

**2. Specific Closure-by-Removal Requirements**

a. Tank removed from excavation after <b>PURGING/INERTING</b> ; placed on level ground and blocked to prevent movement.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. Tank cleaned before being removed from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. Tank labeled in 2" high letters after removal but before being moved from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

**NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE.**

d. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
e. Site security is provided while the excavation is open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

**3. Specific Closure-In-Place Requirements**

**NOTE: CLOSURES IN-PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES (DPS) OR LOCAL AGENT.**

a. Tank properly cleaned to remove all sludge and residue.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. Solid inert material (sand, cyclone boiler slag, or pea gravel recommended) introduced and tank filled.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. Vent line disconnected or removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
d. Inventory form filed by owner with the DPS indicating closure in-place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

**E. ☐ REPAIR, UPGRADE OR CHANGE-IN-SERVICE**

Written notification was provided to the local agent 5 days in advance of service date. ☐ Y ☐ N ☐ NA

All local permits were obtained before beginning service. ☐ Y ☐ N ☐ NA

Form ERS-7437 or ERS-8731 filed by owner with the DPS indicating change-in-service. ☐ Y ☐ N ☐ NA

**F. METHOD OF VAPOR FREEING OF TANK**

☐ Displacement of vapors by eductor or diffused air blower.  
 Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground.  
 Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.

☐ Inert gas using dry ice or liquid carbon dioxide.

☐ Inert gas using CO<sub>2</sub> or N<sub>2</sub> **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. LEL METERS MAY NOT FUNCTION ACCURATELY. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT.**  
 Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent.  
 Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded.

☐ Readings of 10% or less of the lower flammable range (LEL) or 0% oxygen obtained before removing tank from ground.

☐ Tank atmosphere monitored for flammable or combustible vapor levels prior to and during cleaning and cutting.

☐ Calibrate combustible gas indicator and/or oxygen meter prior to use. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank.

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**G. REMOVER/CLEANER INFORMATION**

Remover/Cleaner Name (print)	Remover/Cleaner Signature	Certification No.	Date Signed
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I attest that the procedures and information which I have provided as the tank closure contractor are correct and comply with Comm 10.

Company expected to perform soil contamination assessment

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**H. INSPECTOR INFORMATION**

Inspector Name (print)	Inspector Signature	Inspector Cert #	LPO Agency #:
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FDID # For Location Where Inspection Performed	Inspector Telephone Number	Date Signed
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